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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
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DEPARTMENT OF REVENUE
CORPORATIONS
COMMERCIAL
SERVICES

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MARIN BOAT SLIPS CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

JAN 10 2020

T. SCOTT

2020 JAN -9 AM 11:16

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Marin Boat Slips Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11093 Marin St, Coral Gables, Fl. 33156

Mailing Address: 8950 SW 117 St, Miami, Fl. 33176

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

David Manuel Cabarrocas (P)

2020 JAN - 9 AM 11:16

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

David Manuel Cabarrocas

8950 SW 117 St.

Miami, Fl. 33176

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

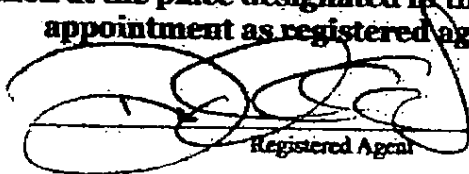
David Manuel Cabarrocas

8950 SW 117 St.

Miami, Fl. 33176

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

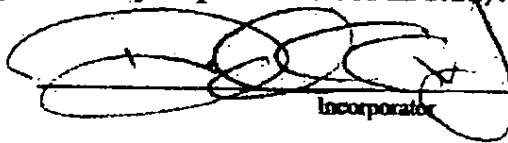


Registered Agent

01/09/2020

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator

01/09/2020

Date